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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET				Application Number 10/678,117		Filing Date 06 October, 2003		<input type="checkbox"/> To be Mailed					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Applicant(s) DOYLE, THOMAS JAMES				Page 1 of 1					
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 05/07/2008		AFTER SEC. AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				3			60						
11				3			61						
12				3			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				3			70						
21				3			71						
22				3			72						
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24				1			74						
25				3			75						
26				3			76						
27				3			77						
28				3			78						
29				3			79						
30				3			80						
31				3			81						
32			1				82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				3			92						
43				3			93						
44				3			94						
45				3			95						
46				3			96						
47				3			97						
48				3			98						
49				3			99						
50				3			100						
Total Indep			2				Total Indep						
Total Depend				83			Total Depend						
Total Claims			85				Total Claims						

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